

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATOR OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

I.

Operator <b>BK PETROLEUM, INC.</b>	
Address <b>P.O. Box 826 Farmington, NM 874</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) <b>PER ORDER R-8769</b>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner **N/A**

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <b>Gass</b>	Well No. <b>1</b>	Pool Name, including Formation <b>WAW FRUITLAND SAND PC</b>	Kind of Lease Federal State, Federal or Free	Lessee <b>NM-330</b>
Location Unit Letter <b>A</b> : <b>790</b> Feet From The <b>North</b> Line and <b>790</b> Feet From The <b>East</b> Line of Section <b>8</b> Township <b>27N</b> Range <b>13W</b> , NMPM, <b>San Juan</b> Cou				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>N/A</b>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. <b>N/A</b>	Unit <b>N/A</b>	Sec. <b>N/A</b> Twp. <b>N/A</b> Rge. <b>N/A</b> Is gas actually connected? <b>YES</b> When <b>N/A</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **N/A**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
		<b>X</b>	<b>X</b>					
Date Spudded <b>10/28/80</b>	Date Compl. Ready to Prod. <b>12/11/80</b>		Total Depth <b>1490'</b>		P.B.T.D. <b>1449'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5933 GR</b>	Name of Producing Formation <b>Pictured Cliffs Ss.</b>		Top Oil/Gas Pay <b>1329'</b>		Tubing Depth <b>1347'</b>			
Perforations <b>1329 to 1335 ft.</b>					Depth Casing Shoe <b>1477'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>8 3/4"</b>	<b>7", 17.0#, H-40</b>		<b>107'</b>		<b>50 sx, Class B</b>			
<b>5 1/4"</b>	<b>2 7/8", 6.5#, J-55</b>		<b>1477'</b>		<b>200 sx, Class B&amp;P</b>			
	<b>1 1/4", 2.4#, J-55</b>		<b>1347'</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>82 AOF</b>	Length of Test <b>3 hrs.</b>	Bbls. Condensate/MMCF <b>None</b>	Gravity of Condensate <b>N/A</b>
Testing Method (pilot, back pr.) <b>Back pressure</b>	Tubing Pressure (Shut-in) <b>218 psi</b>	Casing Pressure (Shut-in) <b>249 psi</b>	Choke Size <b>1/2"</b>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**Mildred L. Kuchera**  
(Signature)  
**PRESIDENT**  
(Title)  
**8/20/92**  
(Date)

OIL CONSERVATION COMMISSION  
**AUG 24 1992**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **John J. Duff**  
TITLE **SUPERVISOR DISTRICT #3**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of con